City of Columbus | Department of Development | Building Services Division | 757 Carolyn Avenue, Columbus, Ohio 43224

FOUNDATION PERMIT APPLICATION

TYPE OR PRINT ALL INFORMATION



		DATE	
☐ 1 FAMILY ☐ 2 FAMILY ☐ 4 OR MORE FAMILY RESIDENTIAL ☐ COMMERCIAL			
AREA OF CONSTRUCTION	COST OF CONSTRUCTION		# OF STORIES
ADDRESS OF JOB			
WORKING IN UNIT#/SUITE/FLR		TAX DISTRICT/PARCEL	
SUBDIV ISION/COMPLEX	BLDG/LOT#		
APPLICANT: ☐ OWNER COMPLETE AFFIDAVIT FORM			
PROPERTY OWNER OF RECORD			
ADDRESSEMAIL			
		DIVISION VIOLATION ORDERS? VICES DIVISION VIOLATION OF	
REGISTRATION #CONTRACTOR		TELEPHONE ()	7ID
ADDRESS			
		LIVIAIL	
SIGNATURE OF CONTRACTOR OR AUT	HORIZED SIGNER	PRINT OR TYPE	NAME
SOFT ACCOUNT #/Pin #		SOFT ACCOUNT AUTHORIZED SIGNATURE	
BUILDING USE: SCOPE OF WORK: REQUEST FOR:			
☐ Footing Only ☐ Foundation	to Grade Only		
☐ Foundation with underground utilities (Check All That Apply)☐ Electric	•	ermits are required for each) Plumbing	
-	□YES □NO □YES □NO		
Is this application for a relocated structure Phased Construction	YES □NO		
Prior Chief Building Official approval	□YES □NO		
Proect Number:		_	
PHASE NUMBER □1 □2 □	3 🗆 4 🗆 5 🗆	6	

BOTH.

City of Columbus, Department of Development, Building Services Division, 757 Carolyn Avenue, Columbus, Ohio 43224

AFFIDAVIT FOR PERMIT

CAUTION: If you act as your own general contractor, you alone are responsible for compliance with City Codes Note: P.O. Box address is NOT acceptable on this form

	use print)			
			Tele	phone #
City/State/Zip	o		FAX	#
E-mail Addr	ess			
ENT FOR OW	NER			
☐ TENANT☐ ATTORN	,		☐ OTHER (SPECIFY)	
Name (plec	se print)			
			Tele	phone #
City/State/Zip	o		FAX	#
E-mail Addr	ess			
IDAVIT				
**	se check one)		(please check one)	
I am the:	□ owner OR	of this	☐ 1-, 2-, or 3-Family Resid	dential
	- · · ·	of this	☐ 4 (or more) Family Reside☐ Commercial	ential
that is locate	ed in the City of Columbus,	Ohio at		
NUMBER	STREET			APT. OR UI
license/reg	gistration.		ed by the City of Columbus to ed for electric, plumbing, med	
occupanc	•			P 1 1
 I will require 			in their own permits when app or property owner of record in	
	ermit Application form.			
 Name and Building Pe 	• •	•	o act on behalf of the property vork described under the attac	
Name and Building PeI confirm th		•	voir described under me and	nea pennii applicalion as
 Name and Building Pe I confirm the making pe 		y Codes,		
 Name and Building Pe I confirm the making per allowed by 	applicable Columbus City		e told the truth on it and all att	ached papers.
 Name and Building Pe I confirm the making perallowed by I understand 	applicable Columbus City			ached papers.
Name and Building Pe I confirm the making perallowed by I understand PRINT NAME	applicable Columbus City that this affidavit is importe	ant and I have	SIGNATURE	
Name and Building Pe I confirm the making period allowed by I understand PRINT NAME	applicable Columbus City that this affidavit is importe	ant and I have		

If you have any questions regarding this form, please call: (614) 645-7314 Incomplete information may result in rejection of submittal.

www.development.columbus.gov